Conflict Management: What Really Works?
Here Are Proven Solutions!

Clint Maun, CSP

It would be simple for a healthcare operation to be successful if you didn't have to work with customers and co-workers. All joking aside, many people feel their day is composed of merely trying to make positive human connectivity occur. Many organizations find, instead, human entanglement rather than human connectivity. As a professional in healthcare, our skills in conflict management are capable of improvement and development on an ongoing basis. We're not referring to "conflict resolution", but rather "conflict management".

Conflict resolution naively assumes the conflict is completely fixable and can be eliminated in the future. Instead, we need to explore techniques to proactively manage conflict when it occurs, assume it probably will happen again quite often and realize the value that managing conflict brings to the organization. Constructive conflict for organizations is actually healthy. As consultants to healthcare organizations that want to improve human connectivity, the avoidance of conflictual situations or trying to ensure there is no conflict is often more harmful than realizing interpersonal situations can bring the individuals and organizations to new improved levels.

Conflict is similar to tension on violin strings. Too much tension on the strings causes the strings to snap and beautiful music can't be enjoyed. Conversely, with no conflict (tension) on the strings, beautiful music also can't be played. That is also how the human body functions. Conflict and tension between muscles keeps the human body working in an optimum fashion rather than us all turning into spineless jellyfish.

For an organization to be healthy, interpersonal connectivity skills need to be sharpened. Two people who don't like each other probably will not work well together. If the organization could keep them from contact with each other, that might be the healthiest thing that could occur. But it's nearly impossible to move people around so they are only working with individuals they like and enjoy. The most important skill in handling interpersonal conflict is to make or require the two individuals expressing conflict to address each other directly to work out a solution. If they are allowed to go to other people, snitch, squeal, weasel or bring up points of negative reference about the other individual without talking with them directly, it promotes heightened levels of conflict. Other individuals will take sides in the situation resulting in a "Hatfield's & McCoy's" situation on a daily basis at the work site.

Other team members or leaders of the organizational unit should set forth in motion a principle that if you have a problem with another individual you must first try to deal with that individual directly. If there needs to be another party involved with the team, co-worker or manager to assure there's a peaceful meeting, then that should be made available. The appropriate steps include:

1. Requiring the two individuals who have conflict to meet face-to-face.
2. Providing appropriate support for that face-to-face meeting when necessary.
3. Making a strong statement by the team or leadership that we're not going to let this go to higher levels of involvement such as taking sides between each camp.
4. Requiring the individuals to work toward a solution-oriented conversation rather than a blame or finger-pointing conversation.
5. Giving positive praise when that particular meeting does produce success and works for a period of time after the meeting.

Interpersonal conflict can best be remedied when we don't go around it or avoid it, but rather put forth in motion common teaming practices requiring the individuals to come up with the solution themselves. The best solution is usually the one closest to the problem. The way to set up appropriate communication or interaction with another individual is to talk "with" each other.

There is no chance to be successful in human interactions or potential conflict situations when we're not using the "with" quality check. The team should realize they are promoting a problem when they allow individuals to use any of these five methods rather than the "with" approach. The five incorrect approaches include:

1. Talking "at" the other individual.
2. Talking "to" an individual.
3. Talking "about" an individual.
4. Avoiding an individual or situation.
5. Talking "through" something or someone else.

No one can create a 50/50 human connectivity process with another individual if they are talking "at" the person. When emotions become involved in using power, authority or position to talk "at" another human being, they don't usually say, "thank you for that verbal flogging, I appreciate it and could I please have another?" Talking "to" someone looks like a "with", but really "to" means I have knowledge and you're lucky I'm going to give it to you. The medical and healthcare profession is guilty of using a "to" model with patients and with employees in a parent/child pecking order.

Naturally, talking "about" individuals doesn't produce positive human connectivity because it stirs up rumors and gossip. Talking "about" people is probably one of the most hideous things that goes on in a healthcare organization. "Avoiding" people or situations doesn't produce success either.

Finally, talking "through" other people by snitching, bringing up concerns because they may talk with other people, labels you as a snitch. No one respects that situation and it usually produces more conflict. In addition, if you're sending voicemails or emails in a passive aggressive fashion, that also produces the likelihood it will come back to haunt you. We've now turned voicemail and email into a new form of high tech passive aggressiveness instead of bringing up the problem and the solution in a face-to-face fashion.

CROSS-FUNCTIONAL CONFLICT
Many healthcare organizations have difficulties establishing healthy relationships between shifts and departments. This is a normal part of everyday business where people who have their own work world to deal with find themselves in situations that conflicts with another group of people who have different work assignments and goals to achieve. It is natural to see one shift feeling like they were dumped on by the other shift. Or, how one department believes they are being blamed, finger-pointed or "called on the carpet" by another department for a problem.

Remember in cross-functional conflict it is natural for somebody to be more interested in their turf or territory than somebody else's. One of the ways to promote cross-functional harmony is to set up common team targets for the entire organization where all leadership positions are facilitating their paychecks, bonuses, evaluations and feedback related to how the organization performs toward common targets. These common targets can include such things as:

1. Revenue or occupancy.
2. Customer service.
3. Accounts receivable/billing.
4. Staffing/turnover.
5. Clinical indicators.

If we set up common measurements of success for the organization, we have everyone basing the definition of whether they were a positive contributor to a set of common targets. We believe it is important to consider evaluations, feedback, bonuses and merit increases first and foremost on whether the team was successful and then go back and recognize individual performance after we first determine if the team was successful. This sets up a definition that we all are involved in trying to make the "championship" occur for the team rather than who is the star and who is not.

Another component to cross-functional conflict occurs when you don't allow people from one shift to be required to talk directly to people in another shift with whom they have an issue. A new rule should be put into practice that you must tell the others if you have discovered a problem. If you don't tell them before they leave or in some ensuing fashion after that, then you've accepted the responsibility for that issue or problem.

During the interdepartmental or interfunctional conflict it is important, if it continues on and it's beyond just a simple fix, that the individuals be required to implement a "walk a mile in my shoes" program. A "walk a mile in my shoes" program includes:

1. A department is willing to visit, shadow or watch the work performance during a period of time in another department or function to determine what is happening in their world and what barriers or pressures they're under.
2. They're required to point out positive things in a debriefing session; and they're also required to point out things they might be doing that could cause harm or problems to the accomplishment of that particular department.
3. The department visited must be required to return the favor and visit the other department or function as a part of a review of what is going on from the other group's perspective. The same debriefing should occur.
4. A meeting should be established to work out common points of interest, opportunities for future success and barriers to implementation.

This four-step process, which requires both parties to be understanding and knowledgeable about what is going on in the other person's world, sets a stage for true dialogue and commitment to fixing that particular conflict situation.

CUSTOMER CONFLICT
Many organizations are faced with a heightening awareness of customers having situations that are displeasing to them. One of the things that increases the likelihood of a conflict with a customer is to not have an appropriate approach in dealing with customer situations. If we are allowing people to say, "I'm sorry you're not my patient", "we're working short today", "I just came on duty", "I don't know, I'm new", these kinds of situations do not decrease the likelihood of conflict. Instead, they produce a heightened worry on the part of the patient or customer. They also produce a chance that this excuse-making philosophy will become the new predominant method of customer satisfaction in the organization.

We found many healthcare organizations have a predominant use of excuse-making as a philosophy for customer satisfaction. We need to teach people instead how to use a simple five-step process when a customer brings up a problem. We need to set up a proactive approach where everyone has a method for dealing with conflictual situations with customers. The five-step process includes, for example - When Mrs. Johnson indicates something is wrong with her treatment, her care or her environment in a room, we should teach everyone in all positions how to say things like:

1. **Empathy**. "Mrs. Johnson, I understand what you're saying. I wouldn't want that concern for myself or my loved one either."
2. **Honesty**. "Let me tell you a little bit about what I know about that situation." (that's without making an excuse)
3. **Initiative**. "I will have someone look into that situation or I will look into it and get back with more detail for you regarding the series of things you mentioned."
4. **Responsibility**. "Mrs. Johnson, I'm sure you'd like me to take care of that situation right now for you or your loved one. Let me look into it and make a call for you or handle that situation."
5. **Involvement**. "As I'm making that call or looking into your situation, what could we do to make that better? What could I do so you could see me later and say 'Hey, Clint, it's a lot better. Thank you very much'."

The fifth step is the key step to conflict management because it sets in motion the fact that we're going to have a conversation with each other and it's going to be a solution-oriented conversation. The number one thing a customer wants is to be involved in the solution process and you can't do that if you're making excuses or not allowing them to be involved in the solution process.

The important part here is teaching people this is an easy thing to do because most of the staff in a healthcare organization wants to say the right thing. We've just never spent the time training them on how to handle these situations.

SUPERVISOR-EMPLOYEE CONFLICT
Many of the same techniques mentioned in the other sections can be used in these situations. However there is a perceived inequality to the power base in these types of conflict situations. The supervisor must be the one to take the high road to resolve and manage the conflict and obtain a solution-oriented conversation. It is inappropriate for the supervisor to spend time talking about the problem employees to others if they're not going to take any action. Naturally, it is okay to get advice from human resources, higher level managers or another supervisor. But if you're only spreading gossip or bringing up bad stories about the employee then you're producing a heightened level of conflict for the organization.

One way to promote a great set of supervisory-employee discussions is how the meetings are conducted. If meetings are set up in a fragmented turf culture then there will be no chance for anyone to feel they're empowered to bring up issues, situations and critical information vital to the organization's success.

The supervisor should set a good, strong agenda with input from the employees. The participation should be preset in advance so people know who will be talking, on what issues, and that the issues on the table for the meeting are common to everyone.

THE 50/50 RELATIONSHIP
Conflicts can't be managed if there is a lack of understanding about the importance of human relationships. In all the examples mentioned above, there are two principles in place:
1. The individual is 100% accountable for themselves in the situation.
2. They are 50% responsible for every relationship they're in.

What does that mean? 100% accountability means that you are personally responsible for yourself. The only time you can't be personally accountable in this model is when you are medically or mentally incapacitated. You can't put off the blame or responsibility for your own accountability to someone else. You must take the responsibility for your own involvement in a situation and day-to-day work assignments. In addition, every situation or relationship you are in, whether group or individuals, requires you to take 50% of the responsibility for that situation. You are 50% responsible for your marriage and your spouse is 50% responsible for the marriage.

That doesn't mean it is an exact 50/50 on every issue and condition that occurs. It simply means that over time with a give and take of that relationship it works out that we're both involved in trying to make the marriage work.

Those rules hold true whether you're talking with doctors, other departments, shifts, supervisors, customers, vendors or co-workers. You have to accept the premise that you're 100% responsible for yourself and 50% responsible for the relationship. People who try to take total responsibility for their relationship end up becoming chronic pleasaholics. They try to keep conflict down, experience no conflict, make everyone happy, and solve all the problems. That sets up a situation where the individuals around the pleasaholic are supposed to find all the problems and the pleasaholic is supposed to try to solve all the problems. That does not solve conflict or manage conflict; rather it heightens a dysfunctional relationship. That will hold true whether that's between the caregiver and the patient or the doctor and the nurse, supervisor and employee or a co-worker and another co-worker. You can't solve everyone else's problems. It teaches them to not have critical thinking skills, decision-making process, or problem-solving capabilities.

In addition, you can't take the attitude that you don't have any responsibility for being involved in the problem-solving. So, if you're supposed to find the problems and someone else is supposed to run around and fix them, this sets up a situation where you're saying, "I'm not the boss", "I don't have the skill", "I'm not certified or registered or licensed in that area", "I don't know anything about that", "I'm just a poor, pitiful and powerless person"; this only creates diminishing self-respect. It sets up the likelihood that there will be other people jumping in to try to solve the problems at levels where they shouldn't be solved. In fact, we found over time the most critical thing you can do to keep conflict management in place in an organization is to set up a situation where 50/50 is occurring at the lowest level possible. Who's got the best solutions for how to fix a cost issue on a unit? The answer is…the people who work on the unit.

When it comes down to personal accountability and relationship development, it's vital to realize there is one policy that has to be put in place in the organization. Yes, we're saying it's a policy. If you want to be successful in conflict management today in a tough, competitive hard-nosed healthcare environment, you have to put in place a policy that says if you find a problem you must also bring up a solution. That policy is critical to an organization's capability to successfully manage conflict.

The policy of bringing up problems and solutions means we must also be willing to deal with the ultimate problem finder in the organization. That is the person who constantly wants to have a Ph.D. in problem-finding and a second grade education in problem-solving. They not only use that skill at meetings or presentations, but they also do it at break and during their day-to-day work. They can be customers, vendors, senior execs, coworkers - that person is the one who always finds problems and never finds solutions.

The grass is always dead, the sun is setting, the glass is half empty, the boat is sinking, there is no hope. That person we call a "BMG". It stands for "bellyacher, moaner and groaner". They come in three different shapes and sizes. There is the aggressive bellyacher. That is the one that rants and raves in an aggressive posture. There is the passive moaner who is always doing it in a subtle way, while bringing up negativity. Then there is the group groaner. That's the person that must get a group excited and go together as a cult to groan about the problem. These BMG's have no conflict management skills, but rather they have conflict heightening skills. They set up situations where everyone is supposed to be involved in whatever problem they bring up for the moment.

We're not talking about people who occasionally have a problem and don't have a solution. What we have is a situation where the person is intentionally and chronically wanting to only bring up problems and never bring up solutions. We need to stop coddling or protecting those kinds of individuals and say rather:

1. What do you think the solution is?
2. What do you recommend?
3. Since you brought up the problem what do you suggest we do?
4. How do you think we handle that?
5. What would you do if you were in charge?
6. What is one thing you think we ought to do today that would make a difference?
7. What do you recommend we try?
8. What are one or two steps we can take right now?

We're putting in motion a very positive, proactive way of saying "put up or shut up". The organization needs to set up a way to be positive and proactive about solution conversations as a policy. Set up pledge campaigns on shifts where a person signs a card saying, "I promise to bring up problems and solutions. If I am caught bringing up a problem only, or bellyaching, moaning and groaning, you may take a quarter from me and put it in the jar and we will use the money for something positive for the group."

Healthcare professionals must learn and develop new skills to treat today's patients. They must also learn new techniques to handle the advances that are occurring and the expectations of the government, regulatory agencies, reimbursement systems and the consumer population. As we upgrade the skills necessary in the new millennium for healthcare delivery, we must also learn new techniques for human collaboration and connectivity on a daily basis. Conflict will happen. Conflict can't be avoided. Some conflict is good. Recognize when conflict is out of bounds, dangerous, ineffective and will not produce the success we need. If we have diagnostic skills to understand certain conditions or symptoms that occur to make situations critical for patients, we must use the same diagnostic skills to recognize and predict what will happen if we don't take action in a positive manner to ensure conflicts are managed.